

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

MR. CARLOS RAMIREZ

3601700204

Write the full name of each plaintiff.

18 CV 283

No.

(To be filled out by Clerk's Office)

-against-

NYCDOC

WARDEN SMITH

Dep of security CAPUTO

security CAPTAIN

ASST DEP WARDEN of security (SANCHEZ)

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

COMPLAINT

(Prisoner)

Do you want a jury trial?

☒ Yes ☐ No

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: _____

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

CARLOS

First Name

RAMIREZ

Middle Initial

Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

3601700204

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

AMKC NYCDOC

Current Place of Detention

18-18 HAZEN ST

Institutional Address

Qn3

County, City

NY

State

11360

Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

☒ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☐ Convicted and sentenced prisoner

☐ Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

Smith

First Name	Last Name	Shield #
<u>WARDEN</u>		
Current Job Title (or other identifying information)		
<u>18-18 HAZEN St AMKC</u>		
Current Work Address		
<u>QNS</u>	<u>NY</u>	<u>11370</u>
County, City	State	Zip Code

Defendant 2:

CARUTO

First Name	Last Name	Shield #
<u>Deputy of security</u>		
Current Job Title (or other identifying information)		
<u>18-18 HAZEN St</u>		
Current Work Address		
<u>QNS, NY</u>	<u>NY</u>	<u>11370</u>
County, City	State	Zip Code

Defendant 3:

SANCHEZ

First Name	Last Name	Shield #
<u>ASST. DEP. WARDEN of security</u>		
Current Job Title (or other identifying information)		
<u>18-18 HAZEN St</u>		
Current Work Address		
<u>QUEENS</u>	<u>NY</u>	<u>11370</u>
County, City	State	Zip Code

Defendant 4:

KENLOCK

First Name	Last Name	Shield #
<u>CAPTAIN of security</u>		
Current Job Title (or other identifying information)		
<u>18-18 HAZEN St</u>		
Current Work Address		
<u>QNS</u>	<u>NY</u>	<u>11370</u>
County, City	State	Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: INTAKE

Date(s) of occurrence: 10/24/17 UNTIL DECEN

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

UPON ARRIVING TO INTAKE, THEY CALLED MY NAME FOR COURT, THE C.O. STATED THAT I NEED TO GEAR UP CAUSE I'M CLASSIFIED WITH RED ID & NEED TO PUT ON AN ORANGE JUMPER SUIT (NOT CLEANED OR NEW BUT "USED") THEN MY HANDS, FEET & WAIST WAS SHACKLED. AFTER, I WAS GIVEN A MASK AND SAFETY MITTENS. I ASKED WHY & STATED TO THE CORR. OFFICERS, TO LOOK INTO SITUATION THAT THERE MAY BE A MISTAKE & THEY ARE WRONG. C.O. STATED "I'M JUST FOLLOWING ORDERS & PROTOCOL AND HANDLE IT" SO I HAD TO ENDURE PHYSICAL PAINS & DISCOMFORT. MENTALLY I FELT AS IF I WERE THE MOST EVILISH MAN ON EARTH. AS I RODE IN THE BUS TO COURT IT WAS VERY UNCOMFORTABLE, INHUMANE & I WENT THROUGH A LOT OF MENTAL ANGUISH, EMBARRASSMENT PREJUDGE BY COURT OFFICIALS, CORR. OFFICERS CIVILIAN, JUDGES & OTHER INMATE. I WAS IN A BULLPEN ALL DAY SINCE THE NIGHT TIME/EVENING I ALSO FILE A GRIEVANCE #3601700204/REF68780

I hope that this UNNECESSARY, CRUEL & UNUSUAL NON-DESERVING, TREATMENT IS VACATED OFF THE RECORD. THIS SITUATION WAS DELIBERATE INDIFFERENCE WHERE THEY NEW & DISREGARDED THE SITUATION. LASTLY SINCE THE 10/24/17 I HAVE BEEN WEARING A RED I.D. IN WHICH IM STEREOTYPE, SEARCHED OFTENLY MORE THAN USUAL. RED I.D MAKE A FLAG RAISED MENTALLY TO ANY CORRECTION EMPLOYEES OR SPECIAL SEARCH TEAM.

INJURIES: COMPLAINED TO 311 # 6-1-1-147-816-5932

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

HANDCUFFS & ANKLE CUFFS TO TIGHT IN WHICH CAUSED PAIN & BURNING FROM TWISTING & TURNING, SEARCHED SEVERAL TIMES & WAS PUT THROUGH DEGRADATION & STEREO TYPE BY SECURITY & CIVILIAN. MY FAMILY SEEN ME IN RED I.D. CLOTHING AT COURT.

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

I SEEK FOR NYCDOC ACTION TO BE RECTIFIED & TO CORRECT PROTOCOL. THIS SHALL PREVENT FUTURE OCCURRING WITH OTHER INMATES

LASTLY I SEEK MONETARY COMPENSATION FOR THE VIOLATION OF THE ABOVE CAUSE & ACTION I ASK FOR \$500,000.00 (FIVE HUNDRED THOUSAND DOLLARS)

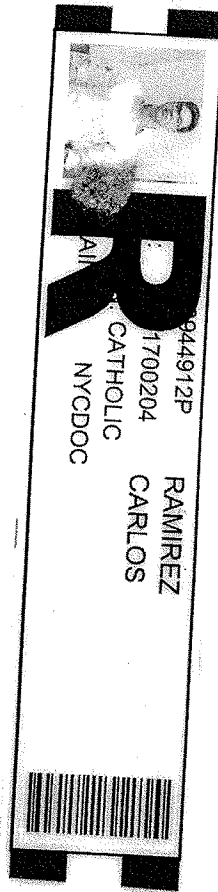


Exhibit A

Attachment B

Form #7101R, Eff. 09/10/12, Ref. Dir. #3376 - page 1



City of New York - Department of Correction

INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name: Carlos Ramirez	Book & Case #: 3601700204	NYSID # (optional):	
Facility: AMKC	Housing Area: W194A	Date of Incident: 10/24/17	Date Submitted: 10/24/17

All grievances and requests must be submitted within ten business days after the incident occurred, unless the condition or issue is ongoing. The inmate filing the grievance or request must personally prepare this statement. Upon collection by Inmate Grievance and Request Program (IGRP) staff, IGRP staff will time-stamp and issue it a grievance/request reference number. IGRP staff shall provide the inmate with a copy of this form as a record of receipt within two business days of receiving it.

Request or Grievance:

on today's date October 24th 2017 AS I waited for court in the bullpens in Amkc my name was called as a red ID with no reason given, thus forcing me to be shackled at my feet, waist and with safety mittens and mask on while being transported in a single man cage for over 8 hours having been given no permittable reason.

Action Requested by Inmate

I request that the red ID be immediately removed with an explanation as to why.

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by IGRP staff?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Do you need the IGRP staff to write the grievance or request for you?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Have you filed this grievance or request with a court or other agency?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Did you require the assistance of an interpreter?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Inmate's Signature:

Date of Signature:

10/24/17

For DOC Use Only

IGRP RETAINS THE DOUBLE-SIDED ORIGINAL FOR ADMINISTRATIVE RECORDS.
IGRP MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

Time stamp below:

2017 OCT 27 4 11 PM
NYC DEPT OF CORRECTION
INMATE GRIEVANCE & REQUEST PROGRAM



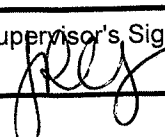
Grievance and Request Reference #:

NGT

Category:

Status as Red ID #8

Inmate Grievance and Request Program Staff's Signature:

	CITY OF NEW YORK - DEPARTMENT OF CORRECTION			
	INMATE GRIEVANCE AND REQUEST PROGRAM			Form: # 7102R Eff.: 09/10/12 Ref.: Dir. #3376
	DISPOSITION FORM			
Grievance/Request Reference #: Ramirez, Carlos #3601700204		Date Filed: 10/27/17	Facility: AMKC WEST 19UA	
Title of Grievance or Request: Non-Grievable: Status as a RED ID		Category: 8		
From IGRP Inmate Statement Form, print or type short description of request/grievance:				
On 10/24/17 as I waited for court in the bullpens in AMKC, my name was called as a Red ID with no reason given, thus forcing me to be shackled at my feet, waist and with safety mittens and mask on while being transported in a single man cage for over 8 hours having been given no permissible reason.				
Action Requested by Inmate: I request that the Red ID be immediately removed with an explanation as to why				
STEP 1: INFORMAL RESOLUTION				
Check one box: <input type="checkbox"/> Grievance <input type="checkbox"/> Request <input checked="" type="checkbox"/> Submission not subject to the IGRP process.				
The Inmate Grievance and Request Program proposes to informally resolve your grievance or request as follows below. Alternatively, IGRP staff shall provide an explanation for why the submission is not subject to the IGRP process.				
OCGS reviewed this complaint and determined that it is not subject to the grievance process. This complaint has been sent to the Warden's office.				
Action Requested-Modified				
Are you satisfied with the proposed resolution?				
<input type="checkbox"/> Yes, I accept the resolution. <input type="checkbox"/> No				
I request a formal hearing of the Inmate Grievance Resolution Committee within 5 business days from notification of the proposed resolution. I understand that if my submission involves a request to exercise religious beliefs or practices not currently available, then the Committee on Religious Accommodations will review my request				
Inmate's Signature:	Date:	Grievance Supervisor's Signature:	Date:	
			10/30/17	

30-OCT-17 10:10

Inmate Classification Inquiry (QCL) - Reclass

BK&CS: 3601700204	Name: RAMIREZ, CARLOS	NYSID: 13944912P
Activity Date: 02-OCT-17	Time: 07:55:09	State Code:
<u>Classification Indicators</u>		<u>High Charge Score Total</u>
1. Severity of High Current Charge/Offense:		220.21 5
2. Severity of High Prior Conviction Within 7 Yrs:		
3. History of Escapes: < 7 Yrs Charge Score > 7 Yrs Charge Score		
Serious:		
Minor:		
4. Institutional Conduct Within 7 Yrs:		1
5. Current Age: 25		
6. Current Security Risk Group Membership: N		
	<u>Subtotal (1 - 6)</u>	6
7. # Disciplinary Convictions Within 60 Days: None		-2
8. Most Serious Disciplinary Conv Within 60 Days:		
9. Satisfactory Participation in an Approved Activity #1: #2:		
	<u>Institutional Behavior Score (7 - 9)</u>	-2
	<u>Total Custody Score</u>	4
Spec Hou Rev Type:	Date Spec Hou Rev Compl	
Population: GP	GENERAL POPULATION	Custody Level: MIN Override:
Remarks:		

Branch to:

Press Page Down/Up for Next Record

INM_CLASS_ACT

30-OCT-17 10:09

INMATE INQUIRY SCREEN(QINQ)

BK&CS: 3601700204 Name: RAMIREZ, CARLOS

NYSID: 13944912P

Remarks:

Status: DE DOB: 15-OCT-91 (26) Admit Date: 01-AUG-17 Admit Loc: SNC9 SRG?:
 Hou Loc: AMKC W19UA Current Loc: AMKC Perp_SS? Heat Sens?: Red ID?: Y
 Transferred from: SNC7 Transferred to: AMKC OTP? No ICE Interv? War?:
 Transfer Date: 24-OCT-17 Class: GP MIN PSEG Time Owed: ICR? ERS?:
 Sentence Date: Projected Discharge Date: Sent#: Split Sent:
 Sentence Time: Discharge Date: All JTIM Entered?:
 Next Court Date: 05-DEC-17 Discharge Code:

BAIL INFORMATION						
DOCKET#	INDICT#	CHARGE	CONV DATE	SENT DATE	BAIL	Disp.
2017NY034478	02608/2017	220.21			100,000	CTD

Branch to:

INM_DET_INQ

C. Ramirez
3601700204
18-18 HAZEN st
QNS, NY, 11370

2018 JAN 11

SLY
P3

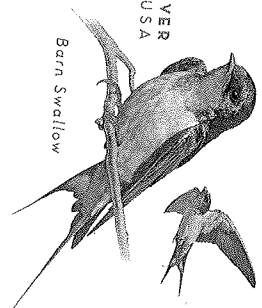
100781380

To U.S.D.C.
Southern District
500 Pearl st
Room ~~1007~~ / PRO SA
NY NY 10007

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Barn Swallow

